PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE P.O. Box 1450

Commissioner for Patents

Alexandria, Virginia 22313-1450 or Fax (571) 273-2885 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address, and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notification.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with my connections or mar Black 1) 26171 7590 10/5/07

FILING DATE

Note: A cortificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal This certificate cannot be used for any other accompanying papers. Each additional paper as an assignment or formal drawing, must have its own certificate of mailing or

FISH & RICHARDSON P.C. P.O. Box 1022 Minneapolis, MN 55440-1022

APPLICATION NO

Certificate of Mailing or Transmission Thereby certify that this Feed's Transmitted being deposited with the fund States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUIF Filt address above, or being facsamile transmitted to the USPTO, on the date indicated (Deportar's terre) (Signature)

FIRST NAMED INVENTOR TORNEY DOCKET NO. CONFIRMATION NO 66975-100001 TITLE OF INVENTION: INSTANT MESSAGING CLIENT HAVING AN EMBE DDED BROWSER APPLN. TYPE SMALL ENTITY TOTAL FEE(S) DU 01/07/2008 EXAMINES EL CHANTI, HUSSEIN A. CLASS-SUBCLASS 1 Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the CFR 1363) names of up to 3 registered patent attorneys or 1. Fish & Richardson P.C.____ Change of correspondence address (or Change of Correspondence
Address form PTO/SB/122) attached agents OR, alternatively, (2) the name of a sonely firm (having as a member a registered attorney or "For Address" indication (or "Fee Address" Indication form agent) and the names of up to 2 regationed patient PTO/SB/47; Rev (3-62 or more recent) attached. Use of a Custo attemeys or agence. If no name is listed, no name

will be printed Number is required 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (pent or type) ASSOCIATE PROME AND ACCUSATION OF THE PROMETAGE AND ACCUSATION (B) RESIDENCE (CITY and STATE OR COUNTRY) AOL LLC Dulles, VA

Please check the appropriate assignee category or categories (will not be printed on the patient). [] individual [X] corporation or other private group entity. [] government 4b. Payment of Feo(s): XI Issue For A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permutted) Payment by credit card. Form PTO-2038 is attached Advance Order - # of Copies

 [X] The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 05-1050 (enclose an extra copy of this form) 5. Change in Entity Status (from status indicated above)

[] a. Applicant claims SMALL ENTITY status. See 37 CFR 1.2.7 Applicant is no longer claiming SMALL ENTITY states. See 37 CFR 1.2.7 (c)(2). The Direction of the LEST(f) is represented to girly the Issue Fee and Publications Fee (off any) at the re-apply day proviously paid state for to the applications of the Comment of the

(Authorized Signature) (Date) ____ January 3, 2008 Typed or Printed Name Je terny J. Monales

Registration No. 58,680 The collection of intension is required by 2 CTR [11]. The information is regardles as 250.000 (Fig. 12) and a supplement of the property of the collection of the collection

Under the Paperwork Reduction Act of 1995, no persons are required to respond so a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE(S)